

## STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

-				
I. Name of Lobbyi	st(s): SAMANTHA I	). ELLIOTT		
II. Name of Lobbyis	t's partnership, firm or corp	ooration, if any:		
	GALLAGHE	R, CALLAHAN &	GARTRELL, P.C.	
		Main Street, Conc	,	
	8-1181	603-226-3334	е	lliott@gcglaw.com
(Telep	phone)	(Fax)		(Email)
	covers: (Choose one – file se ransactions which are not at			nay file a separate report for
☐ All reportable	transactions occurring in the m	onth prior to the repo	orting date relative to	the following client.
	(Full Name of Client as i	t appears on the Lobb	yist Registration For	m)
OR  All reportable unrelated to any par		ncluding the lobbyist	's family), or the lobb	oying firm listed below which ar
IV. Date of Report:	April 24, 2019 🔀		July 31.	2019 🗆
-	activity from date of registrati	on to 3/3 1/19	activity from 4/1/	
	October 30, 2019		lanuary	29, 2020 🗆
	activity from 7/1/19 to 9/30/	19	activity from 10/.	·
If this box is checked. Concord, NH 03301.  VI. Check if addition  If you have recense Reimbursem.  If you, your firm  Sworn Statement/Af	onal reports are attached: ived fees or made expenditure: an honorarium or reimbursed ent i, or your family has made polition	s, you must file Added expenses, you must fitical contributions, you	endum A – Fees and it ile Addendum B – R	State House, Room 204, Expenses
(Signature of Lobby SAMANTHA D. El (Print Name of lobb	LLIOTT		4/24/19	RECEIVED  APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE



## STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

	AMANTHA D. ELLIOTT		<u>. — —                                 </u>
II. Name of lobbyist's partne	ership, firm or corporation	n, if any:	
	GALLAGHER CALLA	AHAN & GARTRELL, P.	r
		ip, firm or corporation)	<u>.                                    </u>
III. Name of Client		Date	April 24, 2019
Political Contributions For each political contribution client/lobbyist and lobbying	-	-	paid on behalf of the
# +**			
Full name of candidate:	Political Action Comm	nittee: FRIENDS OF FEI DAN	LTES
	(Lasi Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$500.0	0 Office Candidate is Se	ekino SFNATF	
	Political Action Comm	ittee:	
Full name of candidate:	Political Action Comm	ittee: (First Name)	(Middle Name/Initial)
_	(Lasi Name)	(First Name)	,
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  Office Candidate is contribution, provide a desibution on the line above fo	(First Name)  Seeking scription of the goods or ser	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  Office Candidate is contribution, provide a desibution on the line above fo	(First Name)  Seeking scription of the goods or ser	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  Office Candidate is contribution, provide a desibution on the line above fo	(First Name)  Seeking scription of the goods or ser	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  Office Candidate is contribution, provide a desibution on the line above fo	(First Name)  Seeking scription of the goods or ser	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  Office Candidate is contribution, provide a desibution on the line above fo	(First Name)  Seeking scription of the goods or ser	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the	(Last Name)  Office Candidate is contribution, provide a destibution on the line above for e word "estimate."  Political Action Commi	(First Name)  Seeking scription of the goods or set r amount of contribution. I	vices provided, and enter the
Full name of candidate:  Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the	(Last Name)  Office Candidate is contribution, provide a destitution on the line above for e word "estimate."	(First Name)  Seeking scription of the goods or set r amount of contribution. I	vices provided, and enter the
Amount of Contribution \$  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	(Last Name)  Office Candidate is contribution, provide a desibution on the line above for e word "estimate."  Political Action Commit	(First Name)  Seeking	vices provided, and enter the f the actual cost is not known,  (Middle Name/Initial)

(If more than three contribution	ons were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affir	
I have read RSA 15, RSA	mation by Lobbyist A 15-B and RSA 664 and hereby swear or affirm that the foregoing informat he best of my knowledge and belief.
I have read RSA 15, RSA	A 15-B and RSA 664 and hereby swear or affirm that the foregoing informat

(Print Name of Lobbyist)